

CHAPTER 2 — AGENTS AND THEIR RESPONSIBILITIES

200	Naming a Reporting Agent
201	Replacing a Reporting Agent
202	Responsibilities of the Reporting Agent
203	<i>Designation of Agent (ET-1313)</i>

200 Naming a Reporting Agent

Any governing body may authorize, in a written designation filed by the governing body with the Department, an agent or agents to act for the governing body in all matters pertaining to the WRS (Wis. Stat. § 40.03(2)(j)) and all other programs administered by ETF.

Each participating employer must designate an agent(s) through whom all WRS transactions shall be channeled. However, the governing body shall remain liable for all actions of the agent(s). The designated agent may either be an individual or the title of a position. It is recommended that the title of the position be designated rather than the name of a person.

The Designation of Agent form (ET-1313) is shown in Subchapter 203. The designation must be certified by the governing body representative.

201 Replacing a Reporting Agent

The governing body may appoint a new agent at any time by filing a new *Designation of Agent* form (ET-1313). A photocopy of the sample form in Subchapter 203 is acceptable, or you may order form ET-1313 by calling (608) 266-3302.

202 Responsibilities of the Reporting Agent

1. Certify on behalf of the employer all information transmitted to the WRS.
2. Become familiar with the WRS participation and coverage provisions.
3. Determine initial eligibility for WRS by assessing the hours reasonably necessary to perform the job duties of the employee and the hours of service rendered on an ongoing basis.
4. Comply with the requirements of the statutes and rules which pertain to reporting to the WRS.
5. Determine the correct employment category for each employee eligible for WRS coverage.

6. Transmit required employee and employer contributions with proper forms and reports by established due dates.
7. Make other certifications and reports as are necessary for proper operation of the WRS.
8. Inform individuals requested to furnish Social Security numbers, birth dates, etc., that the Secretary, under authority granted in Wis. Stat. § 40.03(2)(h), may request any information from any participating employer as is necessary for the proper operation of the WRS.
9. Distribute materials which are necessary for the effective administration of the WRS to employees, including the WRS annual Statements of Benefits.
10. Refer employees to ETF Member Services for answers to benefit questions about their individual accounts; Madison (608) 266-3285 or Milwaukee (414) 227-4294.
11. Sign any form which contains or transmits information which will be used to determine eligibility or amount of benefit.
12. Maintain employee records to use in the proper administration of the WRS.
13. Reorder forms from ETF before your supply runs out.

203 *Designation of Agent (ET-1313)*

You must complete this form to designate the following:

- WRS agent
- WRS alternate agent
- Change your existing WRS agent
- Change your existing alternate agent

Please keep in mind we recommend designating a position title (i.e. Personnel Administrator) as agent. This ensures that as employees change, the agent is the individual employed in the designated position.

You also have the option to use this form to designate or change a retirement and/or insurance contact. You may also call the Employer Communication Center at (608) 264-7900, or you can submit a letter to designate either the retirement or insurance contact, but you must complete this form when designating or changing the WRS agent or alternate agent.

NOTE: Submit letters to DES, ETF, P.O. Box 7931, Madison WI 53707-7931.

You may remove the following page and make a photocopy to complete and send to ETF.

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

DESIGNATION OF AGENT

Wis. Stat. § 40.03 (2) (j)

The following position is designated as the agent representing the employer in matters pertaining to the programs administered by the Department of Employee Trust Funds. In the event the designated agent is unable to perform the duties of such position, the person indicated below as alternate agent shall be considered the agent until such time as the position designated as the agent is filled. We have also included room for the insurance and retirement contacts:

EMPLOYER IDENTIFYING NUMBER 69-036 _____

EMPLOYER LEGAL TITLE _____

TITLE OF POSITION OF EMPLOYER AGENT _____

NAME OF AGENT _____

AGENT'S PHONE NUMBER _____ EXT _____

AGENT'S E-MAIL ADDRESS _____

AGENT'S OFFICE HOURS _____

AGENT'S MAILING ADDRESS _____

EFFECTIVE DATE _____

TITLE OF POSITION OF ALTERNATE AGENT _____

NAME OF ALTERNATE AGENT _____

RETIREMENT CONTACT _____

PHONE NUMBER _____ EXT _____

INSURANCE CONTACT _____

PHONE NUMBER _____ EXT _____

Designation Certified By:

Date (MM/DD/CCYY)	Signature and Title of Certifying Official	Phone Number

NOTE: For Departments of State Government only, the designation must be certified by the head of that agency.